

SOUTHERN ORDER OF
Storytellers

MEMBERSHIP FORM

Please Print

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____

SELECT YOUR MEMBERSHIP LEVEL

- FAMILY \$35
 ○ Additional Name: _____
 ○ email address: _____
- INDIVIDUAL \$25
 ORG/BUSINESS \$50
 STUDENT \$5
 (Proof of Student Status must be
 included with membership application)
- YOUTH \$2
 LIFETIME SINGLE \$250
 LIFETIME FAMILY \$350

FRIEND OF SOS

I would like to become a "Friend of SOS" with a donation to support the preservation and perpetuation of the art of storytelling!

_____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ Other

Make your check payable to:

Southern Order of Storytellers
P.O. Box 1224
Norcross, GA 30091

Date: _____

Check # _____

Total Amt. _____

THANK YOU FOR SUPPORTING
THE SOUTHERN ORDER OF STORYTELLERS
www.SouthernOrderOfStorytellers.org